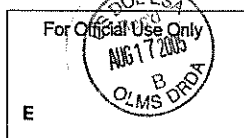


# FORM LM-30

## LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C. 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - <u>11508</u>	2. Fiscal Year Covered From: <u>1</u> / <u>1</u> / <u>2004</u> Through: <u>12</u> / <u>31</u> / <u>2004</u>
3. Name and address of person filing. Name <u>Deborah</u> <u>A</u> <u>Groene</u>  P.O. Box, Bldg., Room No., if any <u></u> Street <u>723 36th Street</u> City <u>Des Moines</u> State <u>Iowa</u> ZIP Code + 4 <u>50312</u>	4. Name, file number, and address of labor organization. Name <u>IUPAT District Council 81</u> Labor Organization File Number <u>541-815</u> P.O. Box, Building and Room Number, if any <u></u> Street <u>1450 N.E. 69th Place, Ste. 50</u> City <u>Ankeny</u> State <u>Iowa</u> ZIP Code + 4 <u>50021</u>
5. Position in labor organization. <u>Business Manager/Secretary Treasure</u>	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name <u>none</u> Trade Name, if any: <u></u> P.O. Box, Bldg., Room No., if any <u></u> Street <u></u> City <u></u> State <u></u> ZIP Code + 4 <u></u>	7.a. Nature of Interest, Transaction, or Income. <u></u> 7.b. Amount. <u></u> \$0

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)		
Signed <u>[Signature]</u>	On <u>8-12-05</u>	(515) 255-5452 See attaced
	Date	Telephone Number

Name of Person Filing Deborah Groene	File Number U-
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<b>8. Name and address of Business (including trade name, if any).</b> Name <input type="text" value="none"/> Trade Name, if any: <input type="text"/> P.O. Box, Bldg., Room No., if any <input type="text"/> Street <input type="text"/> City <input type="text"/> State <input type="text"/> ZIP Code + 4 <input type="text"/>	<b>9. Business deals with:</b> <input type="checkbox"/> a. Labor Organization <input type="checkbox"/> b. Trust <input type="checkbox"/> c. Employer
<b>10. If 9.b. or 9.c. is checked give trust or employer's name.</b> Name <input type="text" value="none"/> Trade Name, if any: <input type="text"/> P.O. Box, Bldg., Room No., if any <input type="text"/> Street <input type="text"/> City <input type="text"/> State <input type="text"/> ZIP Code + 4 <input type="text"/>	<b>11.a. Nature of such dealing.</b> <input type="text"/> <b>11.b. Approximate dollar value of such dealing.</b> <input type="text" value="\$0"/> <b>12.a. Nature of interest held or income received.</b> <input type="text"/> <b>12.b. Amount.</b> <input type="text" value="\$0"/>

<b>C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.</b>	
<b>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</b> Name <input type="text" value="Quad Cities PDCA/FCA"/> Trade Name, if any: <input type="text"/> P.O. Box, Bldg., Room No., if any <input type="text"/> Street <input type="text" value="4711 - 44 St., Ste 2"/> City <input type="text" value="Rock Island"/> State <input type="text" value="Illinois"/> ZIP Code + 4 <input type="text" value="61201"/>	<b>14.a. Nature of payment.</b> <input type="text" value="Attended Quad Cities PDCA/FCA 2004 Holiday Party dinner."/> <b>14.b. Amount of payment.</b> <input type="text" value="\$42"/>
<b>13.b. Is the Business an Employer</b> <input type="checkbox"/> <b>or Consultant</b> <input checked="" type="checkbox"/> <b>?</b>	

## Part C Continuation Page

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name IUPAT Industry Pension Fund

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 1750 New York Avenue NW, Ste., 501

City Washington

State District of Columbia ZIP Code + 4 20006-5301

14.a. Nature of payment.

Dinner - Pension Explanation Meeting 02/11/04

13.b. Is the Business an Employer ☒ or Consultant ☐ ?

14.b. Amount of payment.

\$94

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name IUPAT Industry Pension Fund

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 1750 New York Avenue NW, Ste., 501

City Washington

State District of Columbia ZIP Code + 4 20006-5301

14.a. Nature of payment.

Dinner - Pension Explanation Meeting 06/15/04

13.b. Is the Business an Employer ☒ or Consultant ☐ ?

14.b. Amount of payment.

\$69

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name Painters and Allied Trades LMCI

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 1750 New York Avenue NW

City Washington

State District of Columbia ZIP Code + 4 20006

14.a. Nature of payment.

Dinner - General Convention

13.b. Is the Business an Employer ☒ or Consultant ☐ ?

14.b. Amount of payment.

\$128

## Part C Continuation Page

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name IUPAT Joint Apprenticeship and Training Fund

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 1750 New York Avenue NW

City Washington

State District of Columbia ZIP Code + 4 20006

14.a. Nature of payment.

Dinner-Promote JATF Programs to Region Representatives.

13.b. Is the Business an Employer ☒ or Consultant ☐ ?

14.b. Amount of payment.

\$184

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

14.a. Nature of payment.

13.b. Is the Business an Employer ☐ or Consultant ☐ ?

14.b. Amount of payment.

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4


14.a. Nature of payment.

13.b. Is the Business an Employer ☐ or Consultant ☐ ?

14.b. Amount of payment.

## DISCLAIMER

The transactions, dealings and interests that are detailed in the attached Form LM-30 represent my good faith effort to reconstruct the reportable occurrences for the periods of January 1, 2004 to December 31, 2004. Accurate records of reportable occurrences were not kept for the 2004 fiscal year, and items may have been unintentionally omitted. If, in the future, it comes to my attention that there exists a transaction, dealing or interest that should have been reported for the period of January 1, 2004 to December 31, 2004, I will file an amended Form LM-30.

  
Deborah A. Groene 08-12-05  
Date